

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2010
NAME OF PROVIDER OR SUPPLIER SMITH COUNTY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings included:</p> <p>Observations on 6/21/10, at 11:05 a.m. revealed water stained ceiling tiles in Residents' rooms 306, 310, 611, 706 and 806. Tennessee Department of Health 1200-8-06-.08(2)</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 6/21/10.</p>	N 832	<p>N832 1200-8-6- 8(2) Building Standards Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice are all residents of the Center.</p> <p>Identified Ceiling area affected by the stained ceiling tiles repaired. (ceiling tiles replaced) (07/08/10) Plant Operations Director will inspect the Center monthly to ensure continued compliance. Inspections will be documented in the centers Preventive Maintenance Log. Preventive Maintenance (PM) Logs will be recorded in the monthly PM program and reported to the Safety Committee monthly. The Safety Committee reports to the Center PI Committee monthly. To ensure continued compliance Plant Operations Director will report the PM log entries on Ceiling tiles to the Safety Committee. Center inspections will be reported Monthly x3 and quarterly thereafter until resolution to the Center PI (QA) Committee for monitoring Corrective actions will be monitored through the Center PI (QA) Committee.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

0699

RZX121

060910

If continuation sheet 1 of 1